

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 20, 1988

ALL COUNTY INFORMATION NOTICE NO. 1-45-88

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATEMENT OF FACTS FOR AFDC, REDETERMINATION (CA 20)

The purpose of this letter is to notify County Welfare Departments that the CA 20 (Rev 4/88), "Statement of Facts Supporting Eligibility for Assistance-Redetermination" form has been revised to bring it into conformity with the CA 2, Statement of Facts, format and to reflect the simplified language now included on the CA 2. The form has been lengthened due to the openness of the new format and changes made primarily for the following items: social services section, income question, resource question and the certification section. Overall, the form should be easier for the client to complete and for the eligibility worker to review.

CHANGES

In addition to the new format and simplified language changes, several other notable revisions have been made. They are outlined as follows:

Coversheet

- o The coversheet, which includes the informing notices and rights and responsibility sections, has been extensively revised to parallel the CA 2 coversheet.
- o Under the section explaining, "Your Rights," an extra statement has been added; "To ask for extra money if you have no home."
- o Under "Your Reporting Responsibilities," wording for each statement has been changed from "you must report when you" to "you must report when anyone has a change."
- o The Rutan informing notice on lump-sum income has been included.

## Form

- o Question #16 now reads, "Does anyone in 2 have a medical or special need such as those listed below?"  
Additionally, a new statement, "no place to live," is now included in this section.
- o In the certification section, bullet #6, has been moved to position #5, and is reworded to read, "I understand that I must cooperate with any investigation or review to ensure that my eligibility was correctly determined."

STOCK

Counties may use the attached camera ready copy of the new CA 20 (Rev. 4/88), for local reproduction until stock is available at the Department of Social Services (DSS) Warehouse. You will be notified when stock is available. The CA 20 (4/88) does not obsolete stock of the CA 20 (12/82); therefore, (12/82) stock may be used until it is depleted. The Warehouse will not stock the Chinese, Vietnamese, Cambodian and Laotian translations.

Orders for the English and Spanish versions of the CA 20 (Rev 4/88), should be submitted to the Department of Social Services Warehouse on the GEN 727B, County Forms Order, according to normal procedures.

TRANSLATIONS

Camera ready copies of the CA 20 translated into Spanish, Chinese, Vietnamese, Cambodian and Laotian will be mailed under separate cover by the Language Services Bureau.

If you have any questions regarding this letter, please contact Le Anne Torres, AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2016 or ATSS at 454-2016.



ROBERT A. HOREL  
Deputy Director

Attachment

cc: CWDA

# Important Facts for Recipients of Cash Aid

The county must review your eligibility for Cash Aid and Food Stamps every 12 months. This is to make sure that you get the correct aid. If you do not complete this review your aid will be stopped.

## What You Must Do

- Read your rights and reporting responsibilities before you fill out this form.
- Fill out the form **DO NOT** sign or date the form until the interview.
- Come in for an interview on \_\_\_\_\_ at: \_\_\_\_\_

If you cannot come to this interview, call \_\_\_\_\_

## Your Rights

- To be told in writing before your aid changes or stops.
- To apply for extra money if your income drops or stops.
- To have your aid transferred to another California county when you move if you remain eligible.
- To be treated with courtesy, consideration and respect.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap or age. You may file a complaint if you feel you have been discriminated against.
- To have your records kept confidential by the county unless there is a felony arrest warrant issued for you or as otherwise provided by law.
- To be informed of your rights and responsibilities.
- To discuss your case with the county.
- To ask for a state hearing if you disagree with any action taken by the county.
- To register for employment services.
- To apply for payments for housing or essential household items lost or damaged due to sudden and unusual circumstances which the county determines to be beyond your control.
- To ask for extra money if you have no home.

**Please See Reverse Side**

# Your Reporting Responsibilities

You must report all changes to the county. You have 5 days to report any changes and you must also report them on your Monthly Eligibility Report (CA 7). You must report when:

- Anyone gets any money (including lump sums) from work, relatives, social security, veteran's benefits, tax refunds or any other source
- Anyone starts or stops work or training
- Anyone gets free rent, utilities.
- Anyone's income changes, starts or stops
- Anyone gets or gets rid of real property, such as a home, land, buildings, etc.
- Anyone gets or gets rid of personal property, such as a bank account, a trust fund, a motor vehicle, a boat, etc.
- Anyone age 16, 17 or 18 starts or drops out of school or training
- Anyone ends a pregnancy for which they get benefits
- Anyone leaves the home to live or visit somewhere else for more than 30 days (including children).
- Anyone comes into your home to live or visit
- Anyone moves to another address. If anyone moves to another county, you must notify the county paying you aid and apply for a redetermination in the new county.
- Anyone gets married, separated or divorced
- Anyone's spouse or an absent parent returns to the home

If you get too much aid, even if it is the county's fault, you may have to pay it back.

## Social Security Number

You must provide a Social Security Number (SSN) or apply for an SSN for each applicant for aid. Giving the SSN to the county is a condition of eligibility required by Section 402(a)(25) of the Social Security Act. The number will be used to check identity, to prevent duplicate participation and to verify your eligibility and benefits. Also, the SSN will be matched with records from the Social Security Administration, tax, welfare and employment agencies. Any differences can be checked with third parties. If you cannot furnish an SSN for all persons for whom you are applying, you must cooperate in securing a number(s) by applying directly to the Social Security Administration, providing proof of application and providing the number(s) to the county when received.

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### CERTIFICATION

I certify that I have been informed of my rights and responsibilities as stated above, and am aware of the possibilities of criminal penalties for making false statements or failing to report information or situations which may affect my eligibility or aid payment.

Signature of Recipient or Caretaker Relative

Date

Signature of Spouse or Other Parent

Date

I certify that I have informed the recipient or caretaker relative of his or her rights and responsibilities as stated above and of the possibilities of criminal penalties for making false statements or failing to report information or situations which affect his or her eligibility or aid payment.

The recipient or caretaker relative appears to understand his or her rights and responsibilities.

Eligibility Worker's Signature

Eligibility Worker's Number

Date

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COUNTY USE

# IMPORTANT NOTICE

TO: All people on AFDC or Refugee Assistance

If you receive lump sum income in the future, you may lose your federal cash aid. Read this notice so that you will know about the lump sum rule resulting from a change in the law.

Lump sum income is money you may get just one time or only once in a while. Lump sums can be past due Social Security, Workers' Compensation or personal injury court awards, lottery winnings, inheritances and the like. There are now very few exceptions.

If you get lump sum income while you are on aid, you will have to live on that money instead of your cash aid. The more you get, the longer you will have to live on it. You will not be able to get federal cash aid even if you have used up the lump sum money before your cash aid can start again.

Here is how the lump sum rule works. We will divide the amount of your lump sum income by the maximum cash grant for your family. So if, for example, you get aid for yourself and two children, and if you get a lump sum of \$6,330, you won't be able to get federal cash aid for 10 months (\$6,330 divided by \$633, the maximum aid grant for a family of three).

There is a state program that does not have the lump sum rule. If your federal cash aid stops for more than one month because of the lump sum rule, this program may help you if you are otherwise eligible. However, you can only get cash aid under this state program for three months a year.

If you receive lump sum income during a month when you are not on cash aid, then the lump sum rule may not apply. In that case, you could reapply for federal cash aid once you had less than \$1,000.

To avoid problems, don't spend a lump sum until you talk to your worker.

If you have any questions, contact your worker for more information. You may also contact your Legal Aid Office.

# STATEMENT OF FACTS

## SUPPORTING ELIGIBILITY FOR ASSISTANCE — REDETERMINATION

**INSTRUCTIONS:** *Print all answers in ink (black preferred). If you have any problems with any questions, your eligibility worker will help you. Use receipts and records to help you answer questions, and bring them with you to the interview to support your answers.*

<b>1 Name of recipient or caretaker relative of child(ren)</b> HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		Phone (     )     -	<b>COUNTY USE ONLY</b> DATE CA 20 RECEIVED CASE NUMBER CASE NAME								
<b>2 List everyone in your family for whom you get cash aid.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Your Name</td> <td>Spouse or Other Parent's Name</td> </tr> <tr> <td>Child's Name</td> <td>Child's Name</td> </tr> <tr> <td>Child's Name</td> <td>Child's Name</td> </tr> <tr> <td>Child's Name</td> <td>Child's Name</td> </tr> </table>		Your Name	Spouse or Other Parent's Name	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name	DEPRIVATION: <input type="checkbox"/> Absence <input type="checkbox"/> Unemp. <input type="checkbox"/> Death <input type="checkbox"/> Incap. <input type="checkbox"/> Birth Certificate(s) on file <input type="checkbox"/> SSN's on file <input type="checkbox"/> CA 22 <input type="checkbox"/> CA 23 <input type="checkbox"/> CA 24 Completed: Has AU changed since last review? <input type="checkbox"/> Yes <input type="checkbox"/> No Date change reported:	
Your Name	Spouse or Other Parent's Name										
Child's Name	Child's Name										
Child's Name	Child's Name										
Child's Name	Child's Name										
<b>3 Are all of the persons listed in 2 living with you now?</b> If No, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>4 Does any parent of a child listed in 2 live out of the home?</b> If "YES", list the parent(s) and explain (Example: Judy's Father, Rick Smith, is living in Florida; George's Mother, Char Jones, moved out.)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DA Referral <input type="checkbox"/> Support Rights Assigned									
<b>5 Are there other persons living in your home besides those listed in 2?</b> If "YES", list them below.		<input type="checkbox"/> Yes <input type="checkbox"/> No Verif. Status (UAM, Stepparent, etc.) <input type="checkbox"/> CA 71									
Name (First, Middle, Last)	Relationship to Children in 2	Does This Person Have Income?									
		<input type="checkbox"/> Yes Source: <input type="checkbox"/> No									
		<input type="checkbox"/> Yes Source: <input type="checkbox"/> No									
		<input type="checkbox"/> Yes Source: <input type="checkbox"/> No									
		<input type="checkbox"/> Yes Source: <input type="checkbox"/> No									
<b>6 Is anyone listed in 2 16 years of age or older and enrolled in school or a training program?</b> If Yes, complete below.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verif. on File.									
Name	Age	Name of School or Training Program	Enrolled Full-Time?								
			<input type="checkbox"/> Yes <input type="checkbox"/> No								
			<input type="checkbox"/> Yes <input type="checkbox"/> No								
			<input type="checkbox"/> Yes <input type="checkbox"/> No								
			<input type="checkbox"/> Yes <input type="checkbox"/> No								

<b>7</b> Does anyone listed in <b>(2)</b> receive or ' anyone applied for money from any source list low?		<b>COUNTY USE ONLY</b>	
Check ( <input checked="" type="checkbox"/> ) each item YES or NO			
	YES	NO	
• Welfare money (from anywhere) AFDC/General Assistance, etc			• Legal settlements/court actions pending
• SSI/SSP			• Financial aid - loans, grants, or scholarships
• Child or spousal support			• Training allowances
• Unemployment Insurance (UI)			• Strike benefits
• Disability Insurance (DI)			• Rental income from property
• Social Security			• Money for care of a foster child
• Railroad Retirement			• Interest, dividends, royalties
• Other retirement benefits			• Sale of property - contracts, trust deeds, promissory notes, etc.
• Veteran's benefits, GI Bill or military allotments			• Vacation pay or any money coming from previous employment
• Loans, gifts or contributions			• Winnings (lottery, prizes, bingo, etc.)
• Tax refunds			• Earnings
• Earned income credit			• Other (specify)

## IF "YES", COMPLETE THIS SECTION BELOW

PERSON RECEIVING OR APPLYING FOR INCOME	SOURCE	DATE RECEIVED OR APPLIED	AMOUNT	HOW OFTEN?
			\$	
			\$	
			\$	

<b>8</b> Does anyone listed in <b>(2)</b> receive any of the items listed below <b>free or in exchange for work?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				In-Kind Income	
If "YES", complete below				<input type="checkbox"/> Verif. on file	
ITEM RECEIVED	WHO RECEIVES THE ITEM?	VALUE	WHO PROVIDES THE ITEM?	Partial	Full
				Earned	Unearned
A. Housing or rent <span style="float: right;"><input type="checkbox"/> Free <input type="checkbox"/> Exchange</span>		\$		<input type="checkbox"/>	<input type="checkbox"/>
B. Utilities <span style="float: right;"><input type="checkbox"/> Free <input type="checkbox"/> Exchange</span>		\$		<input type="checkbox"/>	<input type="checkbox"/>
C. Food <span style="float: right;"><input type="checkbox"/> Free <input type="checkbox"/> Exchange</span>		\$		<input type="checkbox"/>	<input type="checkbox"/>
D. Clothing <span style="float: right;"><input type="checkbox"/> Free <input type="checkbox"/> Exchange</span>		\$		<input type="checkbox"/>	<input type="checkbox"/>

<b>9</b> Is anyone listed in <b>(2)</b> buying or the owner of any land and or buildings in any county, state or country? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					Home Exempt	
If "YES", complete below. Include all land and or buildings you own, have title to, or share title in					Other Real Property	
TYPE (LAND, HOUSE, APARTMENT, ETC.)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	OWNER(S)	AMOUNT OWED	Market Value \$ _____	
				\$	Amount Owed \$ _____	
				\$	Net Value \$ _____	
				\$	<input type="checkbox"/> Lien Applicable	

<b>10</b> Does anyone listed in <b>(2)</b> own, use or have their name on the registration of any motor vehicles (even if not running)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>						Class _____	
If "YES", complete below						Year _____	
OWNER OF VEHICLE	NAME OF PERSON WHO USES VEHICLE	YEAR MAKE AND MODEL	LICENSE NO. STATE OF REGISTRATION	MONTHLY PAYMENT	BALANCE OWED	Value _____	
				\$	\$	Amt Owed _____	
				\$	\$	Net Value: _____	
				\$	\$	51500 Exempt 1 MV Only _____	
				\$	\$	Tot Value _____	
				\$	\$	Excess Val. = \$ _____	

**11 Does anyone listed in (2) have any of the resources listed below?**Check ( ☒ ) each item either "YES" or "NO".

- Include all resources owned, used, controlled, shared or held jointly with or for another person(s).
- Include resources on which persons listed in (2) are named (even for convenience only).
- The county will determine whether or not these resources count.

**COUNTY USE ONLY**

	YES	NO		YES	NO
● Cash (on hand or elsewhere)			● Trust Funds (whether or not available)		
● Uncashed checks (on hand or elsewhere)			● Notes, Mortgages, Trusts, Deeds, Contract of Sales, etc.		
● Saving Accounts - Children's and Adult's			● IRA or Keogh Plans		
● Checking Accounts - Whether or not they are used			● Retirement Funds (such as PERS) which are available if you stop work		
● Credit Union Accounts			● Employee Deferred Compensation Plans		
● Stocks, Bonds, Certificates of Deposit, Money Market Accounts, etc.			● Other (type):		

- ☐ Trust Fund Not Court Ordered
- ☐ Court Petitioned  
Date: \_\_\_\_\_
- ☐ Resources Verif.  
Explain How: \_\_\_\_\_

**IF "YES", COMPLETE THE SECTION BELOW**

TYPE OF RESOURCE	OWNER	ACCOUNT NO	NAME AND ADDRESS OF BANK, ETC	CURRENT VALUE
				\$
				\$
				\$

Total Value \$ \_\_\_\_\_

**12 Is anyone listed in (2) the owner of life insurance policies or burial plans?**☐ Yes ☐ No

If "YES", complete below.

☐ Verif. on File

NAME OF INSURANCE CO	POLICY NO	WHO PAYS PREMIUM?

Total Value \$ \_\_\_\_\_

**13 Has anyone listed in (2) owned or used personal belongings within the past 12 months which cost at least \$100 or are now worth at least \$100? List any:**☐ Yes ☐ No

- Recreational equipment (boats, 3-wheelers, offroad vehicles, snowmobiles, guns, sporting goods, etc.)
- Mobile home, campers, trailers, etc.
- Jewelry, artwork, antiques, collections, musical equipment (pianos, guitars, amplifiers, etc.), cameras (including video cameras), etc.
- Tools, computers, equipment, pets, livestock, etc.

ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT CHECK) AND LIST CURRENT VALUE	AMOUNT OWED	ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT CHECK) AND LIST CURRENT VALUE	AMOUNT OWED
		\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$
		\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$
		\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$

Total Value \$ \_\_\_\_\_

Total of  
#s 9-13 \$**14 Has anyone listed in (2) sold, spent, or given away any real or personal property within the last 12 months such as a house, land, cars, bank accounts, money from a legal or accident insurance settlement, or anything else?**☐ Yes ☐ No

If "YES", explain what and when.

**15 Has anyone listed in (2) been covered by health or dental insurance or prepaid health plans within the past 12 months, (such as Kaiser, Ross-Loos, Blue Cross, Champus, etc.)? Include any coverage whether or not you pay for it. If "YES", complete below.**☐ Yes ☐ No

- ☐ Dual Choice.  
Explanation Given  
Referral \_\_\_\_\_  
NA \_\_\_\_\_
- ☐ HRB 2A

NAME OF INSURANCE COMPANY	WHO IS COVERED?



**16** Does anyone in **(2)** have a medical or special need such as those listed below?  
Check (✓) each item "YES" or "NO"

Special need such as those listed below?

COUNTY USE ONLY

	YES	NO		YES	NO
Special Diet - Prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone equipment			No place to live		
Housework (No one in the home can do it)			Other _____		

**17** Due to sudden and unusual circumstances such as a fire or flood, does the household want to apply for a special need payment for housing or essential household items lost or damaged?  
If "YES", explain below what the circumstance is

☐ Yes ☐ No

### **18** SOCIAL SERVICES

The following services are free of charge, if you are eligible for cash aid. Your answers to these questions will not affect your eligibility.

A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.

1. Do you want more information about CHDP services?

☐ Yes ☐ No

2. Do you want CHDP medical or dental services?

☐ Yes ☐ No

B. Do you want information about services which may be available to you or about any of the following  
Discrimination, family problems, other living arrangements, alcoholism, drug addiction, or mental/emotional problems, special services for blind or visually impaired children and adults, child care, etc.

☐ Yes ☐ No

C. Family planning services may be available to help you voluntarily limit family size, decide when you want to have children and prevent unwanted pregnancies. Do you or any member of your family want family planning information?

☐ Yes ☐ No

☐ CHDP Brochure and Explanation Given

☐ Refused

☐ Referred

Date \_\_\_\_\_

☐ Other Service Referral

☐ Referred

Date \_\_\_\_\_

☐ Family Planning Information Given

☐ Referred

Date \_\_\_\_\_

### CERTIFICATION

- I have read and received a copy of the coversheet attached to this form.
- I am aware of, understand and agree to meet all my responsibilities as described on the coversheet.
- I have read and received a copy of the lump sum informing notice.
- I understand that all of the statements, including benefit and income information, that I have made on this form are subject to investigation and verification.
- I understand that I must cooperate with any investigation or review to ensure that my eligibility was correctly determined.
- I understand that to insure that my eligibility and grant determination is correct, benefit and income information will be regularly requested from the Social Security Administration, tax, welfare and employment agencies to verify the information that I have reported.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true and correct.

☐ Rights and Reporting Responsibilities Explained

☐ Copy of Coversheet Given to Client

☐ Lump Sum Informing Notice Given

When the form is complete, the adult persons listed in **(2)** or the caretaker relative must sign below.

● If you make a mark, a witness must also sign.

● If someone helped you complete this form, the person who completed the form must also sign.

SIGNATURE OR MARK OF RECIPIENT OR CARETAKER RELATIVE

DATE SIGNED

SIGNATURE OF SPOUSE OR OTHER PARENT

DATE SIGNED

SIGNATURE OF WITNESS TO MARK INTERPRETER OR PERSON COMPLETING FORM FOR PERSON LISTED IN **(2)**

DATE SIGNED

**COUNTY USE ONLY**

REQUIREMENTS MET?	YES	NO	REQUIREMENTS MET?	YES	NO
Residency			Social security number(s)		
Deprivation			Income - Gross and financial eligibility		
Age			Property - Within limits and verified/amount \$		
Citizenship			Work registration		
School enrollment			Sponsored alien		
Pregnancy verified			Federal participation established (If NO, explain):		

☐ INELIGIBLE (reason) \_\_\_\_\_

☐ ELIGIBLE

REDETERMINATION DATE

NEXT REDETERMINATION DUE

SIGNATURE OF ELIGIBILITY WORKER

DATE

SIGNATURE OF SUPERVISOR

DATE